

# EXHIBIT D

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# Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare &amp; Medicaid Services

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INV 560

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JONATHAN BLOOM  
120 NICKLAUS CIR  
S BURLINGTON, VT 05403-8015

**THIS IS NOT A BILL****Notice for Jonathan Bloom**

Medicare Number	XXX-XX-9397A
Date of This Notice	February 16, 2018
Claims Processed Between	November 18, 2017 - February 16, 2018

**Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met your \$183.00 deductible for 2017. You have now met your \$183.00 deductible for 2018.

**Be Informed!**

New Medicare cards are coming! Medicare will mail new Medicare cards with new numbers between April 2018 - April 2019. Medicare won't ask you for personal information or payment to send your new card.

**Your Claims & Costs This Period**

Did Medicare Approve All Items and Services?	<b>NO</b>
Number of Items or Services Medicare Denied	<b>4</b>
See claims starting on page 3. Look for <b>NO</b> in the "Item/Service Approved?" column. See the last page for how to handle a denied claim.	
Total You May Be Billed	<b>\$9,886.49</b>

**Suppliers with Claims This Period**

October 9, 2017 - April 15, 2018

Minimed Distribution Corp

December 22, 2017 - March 21, 2018

Walgreens #11526

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要用请帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”。

1-800-MEDICARE (1-800-633-4227)

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Jonathan Bloom

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## Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

### Definitions of Columns

**Item/Service Approved?**: This column tells you if Medicare covered this item or service.

**Amount Supplier Charged**: This is your supplier's fee for the item or service.

**Medicare-Approved Amount**: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid**: This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed**: This is the total amount the supplier is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

**October 9, 2017**

**Minimed Distribution Corp, (818)576-4770**  
18000 Devonshire St, Northridge, CA 91325-1219  
Ordered by John L Leahy

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 External ambulatory infusion pump, insulin (E0784-RRKHGA) Rental (dme)	NO	\$7,899.00	\$0.00	\$0.00	<b>\$7,899.00</b>	A,B
<b>Total for Claim # 18024754169000</b>		<b>\$7,899.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,899.00</b>	

Continued →

### Notes for Claims Above

- A** Payment can't be made for equipment that's the same or similar to equipment already being used.
- B** Our records show that you were informed in writing, before receiving the service, that Medicare would not pay. You are liable for this charge. If you do not agree with this statement, you may ask for a review.

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PITTSBURGH  
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**Minimed Distribution Corp, (818)576-4770**  
**18000 Devonshire St, Northridge, CA 91325-1219**  
**Ordered by John L Leahy**

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
30 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose moni (A9276)	NO	\$473.00	\$0.00	\$0.00	<b>\$473.00</b>	C
<b>Total for Claim # 17361748310000</b>		<b>\$473.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$473.00</b>	

**December 22, 2017 - March 21, 2018**

**Walgreens #11526, (802)651-0597**  
**514 Farrell St, South Burlington, VT 05403-0597**  
**Ordered by John L Leahy**

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
14 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (A4253-NUKX) New equipment	Yes	\$1,014.93	\$116.48	\$91.32	<b>\$23.30</b>	
<b>Total for Claim # 18002805263000</b>		<b>\$1,014.93</b>	<b>\$116.48</b>	<b>\$91.32</b>	<b>\$23.30</b>	D,E

Continued →

**Notes for Claims Above**

- C Medicare does not pay for this item or service.
- D We have sent your claim to UNITEDHEALTH GROUP. Send any questions regarding your Medigap benefits to them.
- E After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

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December 29, 2017

Minimed Distribution Corp, (818)576-4770  
 18000 Devonshire St, Northridge, CA 91325-1219  
 Ordered by John L Leahy

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Transmitter; external, for use with <u>interstitial continuous</u> glucose monitoring system (A9277-GX) Voluntary liability notice	NO	\$775.00	\$0.00	\$0.00	\$775.00	F
<b>Total for Claim # 18002800425000</b>		\$775.00	\$0.00	\$0.00	<b>\$775.00</b>	

January 15 - April 15, 2018

Minimed Distribution Corp, (818)576-4770  
 18000 Devonshire St, Northridge, CA 91325-1219  
 Ordered by John L Leahy

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
13 Supplies for maintenance of insulin infusion catheter, per week (A4224)	Yes	\$291.00	\$256.23	\$91.18	\$163.19	
<b>Total for Claim # 18018742287000</b>		\$291.00	\$256.23	\$91.18	<b>\$163.19</b>	<b>G,H</b>

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**Notes for Claims Above**

F Medicare does not pay for this item or service.

G We have sent your claim to UNITEDHEALTH GROUP. Send any questions regarding your Medigap benefits to them.

H After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.



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January 23, 2018

Minimed Distribution Corp, (818)576-4770  
 18000 Devonshire St, Northridge, CA 91325-1219  
 Ordered by John L Leahy

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
30 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose moni (A9276)	NO	\$553.00	\$0.00	\$0.00	\$553.00	I
<b>Total for Claim # 18026739336000</b>		<b>\$553.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$553.00</b>	

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P.O. Box 52601  
Jonathan Bloom

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## How to Handle Denied Claims or File an Appeal

### Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

June 21, 2018

### If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your supplier: Ask your supplier for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

### Find Out More About Appeals

For more information about appeals, read your "Medicare & You" handbook or visit us online at [www.medicare.gov/appeals](http://www.medicare.gov/appeals).

### File an Appeal in Writing

Follow these steps:

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

JOANTHAN BLOOM DDS

Your or your representative's signature

Your telephone number

802 497 0814

Your complete Medicare number

562 60 9397A

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

**Medicare Claims Office**  
**c/o Noridian Healthcare Solutions, LLC**  
**Attn: Appeals Dept**  
**P. O. Box 6780**  
**Fargo, ND 58108-6780**